

October 14, 2019

HEALTH ADVISORY

*This message is being sent to local public health units, clinics, hospitals, physicians, tribal health, North Dakota Nurses Association, North Dakota Long Term Care Association, North Dakota Healthcare Association, North Dakota Medical Association, and hospital public information officers. **Please do not distribute to the public.***

Possible Cluster of Vaping-related Illnesses and New Information *Providers Asked to be Vigilant and to Report Cases*

The North Dakota Department of Health (NDDoH) has received 7 confirmed, 5 probable and 3 suspected reports of severe respiratory illness in patients with a history of vaping or electronic nicotine delivery systems (ENDS) use. Of the seven confirmed cases, three were reported from the Grand Forks area within a recent four-day period, indicating a possible cluster. North Dakota joins 48 other states, the District of Columbia and 1 U.S. territory who have reported more than 1,299 potential cases of severe respiratory illness from e-cigarettes use among teenagers and adults. Twenty-six deaths have been confirmed in 21 states.

Available data suggest THC-containing products play a role in this outbreak, but the specific chemical or chemicals responsible for e-cigarette or vaping associated lung injury have not yet been identified, and nicotine-containing products have not been excluded as a possible cause. Similar to the nationwide trend, most but not all of the confirmed/probable cases in North Dakota report a history of using THC-containing products. For up-to-date case counts and vaping information, visit www.ndhealth.gov/vaping.

Some states are reporting a small number of hospitalized cases were re-admitted 5-55 days after discharge. While it has not been determined if this is due to re-exposure or tapering issues with prescribed steroids, CDC is recommending physicians to schedule a 1-week follow-up after discharge and to be on the lookout for reemergence of symptoms.

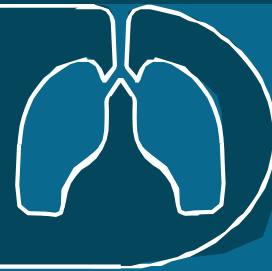
There is a concern with symptom overlap with influenza, especially with influenza season upon us - CDC recommends providers stress the importance of getting vaccinated. Providers need to test for influenza and other respiratory illnesses to rule out these as potential causes.

The NDDoH is requesting that clinicians report cases meeting the confirmed or probable case definition (See page 2) by calling 866-207-2880.

- **ND Century Code (Chapter 23-07) and Administrative Rule (Article 33-06) allows cases of emerging critical illness or death to be reported to the NDDoH.**
 - **Article 33-06:** www.legis.nd.gov/information/acdata/pdf/33-06-01.pdf
 - **CHAPTER 23-07:** www.legis.nd.gov/cencode/t23c07.pdf?20131112130519

The North Dakota Department of Health, Division of Microbiology (DM) offers a complete respiratory panel to all providers in the state. This PCR assay includes markers for influenza, RSV, parainfluenza, human metapneumovirus, rhinovirus, Bordetella and adenovirus. Testing may be made available free of charge on a case by case basis; any provider may order the respiratory panel testing for a fee of \$85.00. Questions about specimen collection and transport should be directed to the DM at 701.328.6272.

2019 LUNG INJURY SURVEILLANCE PRIMARY CASE DEFINITIONS OCTOBER 4, 2019



Confirmed Case:

- Using an e-cigarette ("vaping") or dabbing* in 90 days prior to symptom onset
AND
- Pulmonary infiltrate, such as opacities, on plain film chest radiograph or ground-glass opacities on chest CT
AND
- Absence of pulmonary infection on initial work-up. Minimum criteria are:
 - A negative respiratory viral panel
AND
 - A negative influenza PCR or rapid test, if local epidemiology supports influenza testing
AND
 - All other clinically-indicated respiratory infectious disease testing (e.g., urine Antigen for Streptococcus pneumoniae and Legionella, sputum culture if productive cough, bronchoalveolar lavage (BAL) culture if done, blood culture, HIV-related opportunistic respiratory infections if appropriate) are negative
AND
 - No evidence in medical record of alternative plausible diagnoses (e.g., cardiac, rheumatologic, or neoplastic process).

Probable Case:

- Using an e-cigarette ("vaping") or dabbing* in 90 days prior to symptom onset
AND
- Pulmonary infiltrate, such as opacities, on plain film chest radiograph or ground-glass opacities on chest CT
AND
- Infection identified via culture or PCR, but clinical team** believes this infection is not the sole cause of the underlying lung injury **OR** Minimum criteria to rule out pulmonary infection not met (testing not performed) and clinical team** believes infection is not the sole cause of the underlying lung injury
AND
- No evidence in medical record of alternative plausible diagnoses (e.g., cardiac, rheumatologic, or neoplastic process).

Footnotes

* Using an electronic device (e.g., electronic nicotine delivery system (ENDS), electronic cigarette, e-cigarette, vaporizer, vape(s), vape pen, dab pen, or other device) or dabbing to inhale substances (e.g., nicotine, marijuana, THC, THC concentrates, CBD, synthetic cannabinoids, flavorings, or other substances).

**Clinical team caring for the patient.

Notes: These case definitions are meant for surveillance and not clinical diagnosis. These case definitions are subject to change and will be updated as additional information becomes available if needed.

For more information visit CDC's Lung Injury response website: www.cdc.gov/lunginjury.

Categories of Health Alert messages:

- *Health Alert conveys the highest level of importance; warrants immediate action or attention.*
- *Health Advisory provides important information for a specific incident or situation; may not require immediate action.*
- *Health Update provides updated information regarding an incident or situation; no immediate action necessary.*
- *Health Information provides general information that is not necessarily considered to be of an emergent nature.*

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